

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091087136

FILING DATE

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
24	/		/			
25	/		/			
26	/		/			
27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
32	/		/			
33	/		/			
34	/		/			
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	15		9			
TOTAL DEP.	21		16			
TOTAL CLAIMS	36		25			

	IND.		DEP.		IND.		DEP.	
51								
52			/					
53			/					
54			/					
55			/					
56			/					
57			/					
58			/					
59			/					
60			/					
61			/					
62			/					
63			/					
64			/					
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.			2					
TOTAL DEP.			2					
TOTAL CLAIMS			4					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS